



1. Client Contact Information

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Residence Address \_\_\_\_\_

2. Information of the Deceased

Full Name \_\_\_\_\_

3. Married at time of death? \_\_\_YES or \_\_\_NO If yes, list name of spouse \_\_\_\_\_

Is spouse still living? \_\_\_YES or \_\_\_NO

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Residence Address \_\_\_\_\_

4. Estimated Assets of Deceased

Name of Asset (checking, savings, life insurance, etc.)	Estimated Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
Total:	\$ _____

5. Beneficiary and Family Information

Please list all living and deceased direct descendants i.e. Spouse and Children. If the deceased had no descendants, list living parents and living and deceased siblings.

a. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

b. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

c. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

d. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

e. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

f. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

g. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

h. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

i. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

j. Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

6. Did the deceased have a Will or Trust? \_\_\_Yes \_\_\_ No

*If yes, please bring a copy of applicable estate documents to your consultation.*

7. If so, who is the Executor/Trustee?

Full name \_\_\_\_\_ Relationship to the Deceased \_\_\_\_\_

Primary Residence \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

8. Please bring a copy of the death certificate with you to your consultation. Is there any other important information that you would like us to know about your situation?

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